

**Testimony in SUPPORT of HB5430:  
“AN ACT CONCERNING OPIOIDS.”**

Dear Members of the Public Health Committee of Connecticut General Assembly:

My name is Emma Lo and I live in New Haven, CT. I am a Psychiatrist at Yale School of Medicine working at the Connecticut Mental Health Center (CMHC)\* where I work with people experiencing homelessness and addiction.

I am writing **in support** for HB5430: “An Act Concerning Opioids.” While I agree with the content of the bill, I am proposing an additional item to include in the bill. Please consider including the content of 2021HB-05407-R00-HB: “An act requiring the dispensing and administering of methadone to be reported through the electronic prescription drug monitoring program.”

I regularly prescribe buprenorphine (commonly known by the brand name “Suboxone”), which is an extremely effective medication to treat opioid use disorder. While I do not prescribe methadone, another very effective treatment that is only available at certain regulated clinics, it is essential that I am aware if the patient is taking methadone before prescribing Suboxone for these reasons:

- 1) If my patient is taking methadone already, they could experience a medically serious withdrawal syndrome if given Suboxone simultaneously.
- 2) If my patient is also taking methadone from another clinic, they are receiving treatment for the same condition, which leads to concerns about duplication of services (both liability and billing concerns).
- 3) If my patient is taking methadone from another clinic, there is concern that one medication is being “diverted” i.e. that there is illegal sale of one or both of the medications on the street, which could not only lead to overdose or drug reaction by a person not medically supervised to be taking it, but also lead to compromise of my medical license.

Currently, the CT Prescription Monitoring and Reporting System (CPMRS) tracks any controlled substances (e.g. benzodiazepines, opioids, Suboxone, and others) that were prescribed to a patient. I am automatically able to view data for patients about *every other controlled medication besides methadone* on this database. This means that I can view if someone was prescribed Percocet, Oxycontin, Suboxone, gabapentin, Valium, or others; *but not methadone*. In order to find out if a patient is prescribed methadone, I would have to manually call any clinic that dispenses methadone to ask if the patient is on their record (and they may not disclose that to me).

This has manifested in serious safety issues for 2 patients. The first patient was prescribed Suboxone and methadone on the same day by two different clinics. They continued to receive both medications simultaneously for several weeks before this was discovered on urine toxicology screening. This created both a concern about patient safety (withdrawal concern as well as overdose concern since the patient was selling the methadone to unknown recipients), and represented a duplication of services that were being billed by two clinics. The second

patient was on methadone, and was attempted to be switched to Suboxone. He verbally stated that he was now on Suboxone, but he was not required to do urine toxicology screens to confirm this due to the COVID-19 pandemic. For several months he was prescribed Suboxone while simultaneously receiving methadone until this was discovered, and the suspicion was again diversion of the medication being sold on the streets. Requiring methadone to be included on the CPMRS could have prevented both of these dangerous situations.

It is difficult to understand why methadone (a highly controlled and otherwise regulated substance) is not included in CPMRS. I urge the Connecticut General Assembly to include a section in HB5430 that addresses this issue. Thank you for your time and consideration,

Emma Lo, MD

[Emma.Lo@yale.edu](mailto:Emma.Lo@yale.edu)

\*The content expressed here represents my own opinions, not necessarily the opinions of Yale University, the Connecticut Mental Health Center, or the Department of Mental Health and Addictions Services